Docket No.: 2001 P 08524 US App. No.: 09/863,935

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APR 2 5 2005

In re Applica	ition of: Aktas	) AFR 2 8 20				
Serial No: Filing Date:	09/863,935 May 22, 2001	Certificate of Facsimlle Transmission  I hereby certify that this document is being facsimile transmitted on the below listed date, consisting of the below listed number of pages, and to the below listed fax number.				
ACCE MULT	HODS AND APPARATUS FOR ESSING AND PROCESSING TIMEDIA MESSAGES STORED UNIFIED MULTIMEDIA MAILBOX	Date of Trans.: April 25, 2005 (a Monday)  Fax Number: 703-872-9308  No. of Pages: Ext (1) + RCE (2)  By: Jeanette L. Taplin				
Examiner: Art Unit:	Wozniak, James S. 2655	Scane L. Tapar				

## REQUEST FOR CONTINUED EXAMINATION (RCE) UNDER 37 C.F.R. §1.114

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

#### TIME REQUEST IS BEING MADE

2.	This	request is being submitted:
i.	[x]	Prior to abandonment of the application
ii.	<u>֡</u> ֞֞֞֞֝֞֞֝֞֞֝֞	With payment of the issue fee
	ΪÌ	Prior to payment of issue fee
	ΪÌ	Issue fee has been paid but a petition under §1.313 has been granted
iii.	[]	Prior to a decision on appeal to the Board of Patent Appeals & Interferences
	, []	A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

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#### **ENCLOSURES**

3.	Encl	Enclosed herewith is/are:				
	[X]	A Petition for Extension of Time for <u>one (1)</u> month(s).				
	[X]	Please enter the Amendment filed February 18, 2005				
	[]	Please enter the enclosed Preliminary Amendment.				
	Ü	An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and references.				
	[]	Other:				

#### FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. [x] Filing fee has been calculated as shown below after entering the Amendment (other than small entity):

For	Claims Remain- ing After Amend.	Highest Number Present Previously Paid For Extra		x Rate	Additional Fees		
Total Claims	14	-22	=(	)	x \$ 50	\$	0.00
Indep. Claim	4	-6	=(	)	x \$200	\$	0.00
[ ] First Presentation of a Multiple Dependent Claim					+ \$300		0.00
	-	Basic Filing Fee				·\$ 790.00	
				Total		\$ 7	90.00

5. [x] Please charge Deposit Account No. 19-2179 in the amount of \$790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

PLEASE MAIL CORRESPONDENCE TO:

Siemens Corporation
Customer Number: 28524

Attn: Elsa Keller, Legal Administrator Intellectual Property Department

170 Wood Avenue South

Iselin, NJ 08830

Respectfully submitted,

David D. Chung, Reg. No. 38,409

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